24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayayay
Full Name of Payee American Media & Advocacy Group	Date of Public Distribution/Dissemination
, ,	10 18 2016
Mailing Address 815 Slaters Lane	Amount
City State Zip Code	192244.30
Alexandria VA 22314	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement Category/ Type 004	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 24
Deacon, Colleen, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rrsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
RedPrint Strategy	10 18 2016
Mailing Address P.O. Box 710993	Amount
City State Zip Code	16878.00
Herndon VA 20171	Transaction ID: 002 Date of Disbursement or Obligation
Purpose of Expenditure Media production Category/ Type 004	10 / 20 / 2016
Name of Federal Candidate Support Office	e Sought: X House District: 24
Deacon, Colleen, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	209122.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	209122.30
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	0 20 2016
Signature	